o.s. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 85 amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARENG THIS REPORT.  1. File Ritinise. 41 27 27 2 Fiscal Year Covered From:	For Official Use Only					
Name and address of person lifting.  Name and address of person lifting.  Name   Thomas   Rillo   A. Name, file number, and address of sibor organization.  Name   Thomas   Th		LY BEFORE PREPARING THIS REPORT.				
3. Name and address of person filing.  Name THOMAS RILLO  Labor Organization File Number DUH-DAT  P.O. Box, Bidg, Room No., If any  Street ZQO KINNELON  Street ZQO KINNELON  State N.J.  ZIP Code +4 DTATE  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (accept as specified in the excitations set front the instructions):  A. Hield an interest in, organged in transactions (including loans) with, or derived income or other economic benefit.  A. Hield an interest in, organged in transactions (including loans) with, or derived income or other economic benefit.  A. Hield an interest in, organged in transactions (including loans) with, or derived income or other economic benefit.  A. Hield an interest in organged in transactions (including loans) with, or derived income or other economic benefit.  A. Hield an interest in organged in transactions (including loans) with, or derived income or other economic benefit.  A. Hield an interest in organged in transactions (including loans) with, or derived income or other economic benefit.  A. Hield an interest in organged in transactions (including loans) with, or derived income or other economic benefit or represent.  A. Hield an interest in organged in transactions (including loans) with, or derived income or other economic benefit or the property.  7.a. Nature of interest, Transaction, or hooms.  Street  ZIP Code +4  Signature  15. Signature and verification. The undersigned declares, under panelty or Perjury and other applicable penalties of the law, that all of the information undersigned in this report (including the information combined in any accompany or property of decuments), has been examined by the eignatury and is, to the best of the undersigned state of the section on premalice in the instructions.	1. File Number 4: 2979	2. Flacal Year Covered From:				
Name HOMAS RILLO  Name LONG WHITE TRANSPORT Name   P.O. Box, Bidg., Room No., if any   P.O. Box, Bidg.	N/A - INITIAL FILING	01/01/04 Through: 12/3/04				
Labor Organization File Number   DAP ON	3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
P.O. Box, Bidg., Room No., If any  Street 290 KINNELON  State N.J. ZIP Code +4 07405  State N.J. ZIP Code +4 07405  State N.J. ZIP Code +4 07405  Enter appropriate data below if, during the peat fiscal year, you or your appease or minor child directly or indirectly had any of the following interests (accept as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of more simple year whose semployees your organization represents or is actively seeling to represent.  7.a. Nature of interest, Transaction, or income.  17.b. Arround.  Street ZIP Code +4  Signature and verification. The understance declares, under penalty of Perjay and other applicable penalties of the isw, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete, (See the section on penalties in the instructions).	Name THOMAS RILLO	Name LOCAL UNION #102, IBEN				
Street 290 Kinn Nglon Rd Street 369 HILL DOPS  City KINNELON State N.J. ZIP Code +4 07195 State N.J. ZIP Code +4 07195  5. Position in labor organization. JATC Administratory your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, ergaged in transactions (including loans) with or devided income or other benefit of monetary value from an employer whose employees your organization represents or is actively esselving to represent.  6. Name and address of Employer (including trade name, if any).  7.a. Nature of interest, Transaction, or income.  7.b. Amount.  7.b. Amount.  7.b. Amount.  18. Signature and verification. The undersigned declares, under penalty of Perjuty and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed Agree 19.		Labor Organization File Number 004-017				
City KINNELOM  State N.J. ZIP Code +4 07 405  State N.J. ZIP Code +4 07 705  State N.J. ZIP Code +4 07 705  Enter appropriate data below it, during the pest fiscal year, you or your apouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A Held an Interest in, engaged in transactions (Including loane) with, or derived income or other economic benefit of monetary value from an employeer whose employees employees employees employees employees employees.  6. Name and address of Employer (including trade name, if arry).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if arry  Sitnet  Signature  16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete, (See the section on penalties in the instructions.)  Signed  City  Signed  On 1-6-05 913-257-0198	P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any				
State N.J. ZIP Code +4 01405 State N.J. ZIP C	Street 290 KINNEION Rd	Street 3695 HILL ROAS				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  Trade Name, if any:  Street  ZIP Code + 4  Signature  15. Signature and verification. The undersigned deciares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  JATULIA 9.  913 - 257 - 0198	CITY KINNELON	CHY PARSIPPANY				
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Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  T.b. Amount.  Street  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  John 1-6-05  913-257-0198	(except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of					
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State  Signature  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  MA  913-257-0198		7.b. Amount.				
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	submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the					
Date Telephone Number	Signed Stones & of	on 7-6-05 973-257-0198				
		Date Telephone Number				

	14/16 214/14/14
B. Held an increat in or derived income or economic benefit with monetary visubstantial past of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or idirectly to, or otherwise
8. Name and address of Business (Including trade name, If amy).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bidg., Room No., If any	b. Trust c. Employer
Street	C. Employer
chy [	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name [	
Trade Name, if any:	
P.O. Box, Bidg., Room No., If any	N/A
Street	11.b. Approximete doller value of such dealing.
City //	12.s. Nature of interest held or income received,
State ZIP Code + 4	
	$\mathbb{N}/A$
	12.b. Amount.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.
Name	<u> </u>
Trade Name, if any:	SEE SCHEDULE
P.O. Box, Bldg., Room No., if any SCHEBULE	SEE SCHEBULE ATTACHED
Street ATTACHED	
City	
State ZIP Code + 4	
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.
SEE ATTANKEN MEGATIVIE	SEE SCHERULE ATTECH

Form LM-30 (2003)

## **FORM LM-30 ATTACHMENT**

Part C

13a	13b	14a	14b
Name + Address	E = Employer C=Consultant	Nature of Payment	Amount of Payment
ORIGIN UNKNOWN (Christman)		2 Bottles wine	24.00 ttal